

Water Recreation and School Programs

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www.kingcounty.gov/health



WATER RECREATION FACILITY PLAN REVIEW APPLICATION - 2009

Please complete the information below and submit with Plans and a completed *Plan Guide for Water Recreation Facilities* checklist to the appropriate district office listed below.

CONSTRUCTION PERMIT (check one) **Make checks payable to: SKCDPH**

- ☐ **New Pool Construction**, \$346.00 base fee for the first two hours of service payable at the time of application, plus \$173.39 per hour for service after two hours, payable at the time of final approval.
- ☐ **Renovation**, \$346.00 base fee for the first two hours of service payable at the time of application, plus \$173.39 per hour for service after two hours, payable at the time of final approval.
Renovation includes extensive changes in equipment, piping, barriers, walking surfaces, pool appurtenances, filtration equipment, mechanical equipment or pool structure.
- ☐ **Plan re-submittal**, \$173.39 per hour, payable at the time of final approval.

BRIEF DESCRIPTION OF PROPOSAL _____

PROJECT INFORMATION

Pool Facility Name _____

Pool Facility Site Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Name of Property Owner _____ **Business Name** _____

Contact Person _____ Phone (____) _____

Owner's Mailing Address _____ City _____ State _____ Zip _____

Architect/Engineer Name _____

Architect/Engineer Business Name _____ Phone (____) _____

Mailing Address _____ City _____ State _____ Zip _____

Pool Construction Company Contact _____

Pool Construction Company Business Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Facility Type ☐ Pool ☐ Spa ☐ Wading Pool ☐ Spray Pool ☐ Water Park ☐ Temporary ☐ Other: _____

Operation Type ☐ Seasonal ☐ Year-Round ☐ Indoor ☐ Outdoor

☐ General Use ☐ Limited Use Proposed Months of Operation: _____

OFFICE USE ONLY

Permit Record ID PR# _____ SR# _____ Classification _____ DDES/DCLU _____

Date Submitted _____ Reviewer _____ Review Time _____ Approval Date _____

Action Taken: ☐ Approved ☐ Disapproved ☐ Corrections sent ☐ Pending ☐ Other _____

CONTACT LOG

Date _____ Discussion _____

If you have questions, please contact plan review:

DOWNTOWN ENVIRONMENTAL HEALTH

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